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CONFIRMATION NO. 4540

<b>SERIAL NUMBER</b> 10/541,257	<b>FILING OR 371(c) DATE</b> 01/09/2006 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1639	<b>ATTORNEY DOCKET NO.</b> AMLN-047
<b>APPLICANTS</b> Gerd G. Kochendoerfer, Oakland, CA; Haiyan Shao, Foster City, CA; Sonya Cressman, Ladysmith, CANADA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/41459 12/30/2003 which claims benefit of 60/437,511 12/30/2002 and claims benefit of 60/515,609 10/29/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/30/2006</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 26
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 24353				
<b>TITLE</b> Multiplex polymer ligation				
<b>FILING FEE RECEIVED</b> 1830	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	